



EVERY WOMAN  
EVERY CHILD

# EVERY NEWBORN

## PROGRESS REPORT

### MAY 2015



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Organization

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COMMITTING TO CHILD SURVIVAL  
A PROMISE RENEWED

# About *Every Newborn*

The Every Newborn Action Plan is based on the latest epidemiology, evidence of essential interventions and global and country learning about effective programme implementation, and supports the United Nations Secretary-General's *Every Woman Every Child* movement. The preparation, led by WHO and UNICEF, was guided by the advice of experts and partners and by the outcome of several multi-stakeholder consultations and a web-based consultation with more than 300 comments. Discussed at the 67th World Health Assembly, Member States endorsed the document and made firm commitments to put in practice recommended actions. The WHO's Director General has been requested to monitor progress towards the achievement of the global goal and targets and report periodically to the Health Assembly until 2030. The action plan was launched in June 2014 with 40 new commitments to *Every Woman Every Child* in support of the plan. This Progress Report focuses on country implementation and provides an overview of progress since the ENAP consultation process began in 2013. Further information can be found on the *Every Newborn* website [www.everynewborn.org](http://www.everynewborn.org)

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## Report to the 68th World Health Assembly\*

Following endorsement of the newborn action plan at the 67th World Health Assembly, the WHO Director-General was requested to monitor progress towards the global goal and targets, reporting periodically to the Health Assembly until 2030. Here is this year's report:

1. Progress in reducing neonatal mortality and stillbirths and in increasing coverage of related essential interventions in countries is described in the accompanying reports on monitoring of achievement of health-related Millennium Development Goals and on working towards universal coverage of maternal, newborn and child health interventions.<sup>1</sup> A more detailed progress report on efforts by Member States, organizations within the United Nations system and non-State actors is available as a separate multistakeholder document.<sup>2</sup>
2. Recognizing the urgent need to improve newborn health, Member States made specific commitments during the consultations on the action plan, with several countries aligning their national priorities with those of the action plan. Since the adoption of resolution WHA67.10, many more countries have finalized national newborn action plans or strengthened the relevant components within existing plans for reproductive, maternal, newborn and child health, and other countries are drafting national newborn action plans or revising existing strategies and plans (see Table 1.). In addition, at least 10 countries have hosted national events to support dissemination of the action plan<sup>3</sup> or participated in regional events.<sup>4</sup> The Table summarizes the status of updated national strategies and plans as of March 2015.
3. Various regional initiatives led by WHO support the implementation of the newborn action plan. These include initiatives for improving quality of maternal and newborn care in the African and European regions; the Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care (2008–2015) in the Region of the Americas; a technical advisory group and regional network for strengthening newborn health and preventing stillbirths in the South-East Asia region; maternal and child health acceleration plans in the Eastern Mediterranean Region; and the Action Plan for Healthy Newborns (2014–2020) and accompanying First Embrace campaign in the Western Pacific Region.
4. Consensus on essential interventions for reproductive, maternal, newborn and child health<sup>5</sup> has enabled governments and partners to make strategic investments for their scale-up. Under strategic objective 2 of the action plan (improve the quality of maternal and newborn care), the Secretariat is developing a strategy for improving the quality of care for mothers and newborns, with a particular focus on quality of care around the time of childbirth and care for small and sick newborns. This includes the development of evidence-based standards for service delivery. WHO is also coordinating an extensive research agenda on newborn health.<sup>6</sup>
5. After the launch of the every newborn action plan, three working groups were established to facilitate coordinated actions, namely on country implementation, advocacy, and monitoring and evaluation.<sup>7</sup> Through this mechanism, WHO is elaborating an approach for monitoring the implementation of national plans to end preventable maternal and newborn mortality and stillbirths.<sup>8</sup> Work will include mapping, defining and validating core indicators to track quality, coverage and impact of essential interventions, and aim at institutionalizing these indicators into national data collection platforms.<sup>9</sup>
6. In response to the request of the Human Rights Council,<sup>10</sup> the Secretariat provided technical assistance to the development of a report on under-5 mortality and human rights, and elaboration of technical guidance on the application of a human rights-based approach to the reduction and elimination of under-5 mortality, in particular the integration of human rights norms and standards in efforts to improve newborn health.
7. Development partners, health care professional organizations, civil society and other stakeholders continue to collaborate to support government leaders, policy-makers and programme managers in implementing the actions laid out in the plan. More than 40 new commitments to the action plan were announced at Partners Forum hosted by the Partnership for Maternal, Newborn and Child Health,<sup>11</sup> including many from the private sector.

**Table 1:** Countries with national newborn action plans and countries with strengthened newborn components within existing plans

Countries with specific commitments to improving newborn health up to March 2015	Afghanistan, Bangladesh, Benin, Bolivia (Plurinational State of), Cambodia, Cameroon, China, Democratic Republic of the Congo, Egypt, Ethiopia, Ghana, Haiti, Kenya, India, Indonesia, Lao People's Democratic Republic, Malawi, Mali, Mongolia, Morocco, Mozambique, Namibia, Nepal, Nigeria, Oman, Papua New Guinea, Philippines, Rwanda, Senegal, Solomon Islands, South Africa, Swaziland, Timor-Leste, Uganda, United Republic of Tanzania, Viet Nam, Yemen, Zambia and Zimbabwe
Countries developing specific commitments to improving newborn health	Botswana, Chad, Guinea-Bissau, Djibouti, Lesotho, Madagascar, Myanmar, Pakistan, Sierra Leone, Tajikistan

## Executive summary

**The Every Newborn Action Plan (ENAP) takes forward the UN Secretary-General's *Global Strategy for Women's and Children's Health***, a roadmap developed in 2010 to improve women's and children's health and accelerate progress towards the Millennium Development Goals (MDGs) for health (1, 2). ENAP focuses specific attention on maternal and newborn health and identifies actions for improving their survival, health and development. ENAP was formally endorsed at the 67th World Health Assembly in May 2014 and launched at the Partners' Forum in Johannesburg, South Africa in June 2014.

**Intrinsically linked to maternal health**, improving newborn survival and health and preventing stillbirths starts with the survival and health of women before conception and during pregnancies. The synergies between ENAP and the World Health Organization's Strategies toward Ending Preventable Maternal Mortality (EPMM), released in February 2015 (3), will further advance efforts to end preventable deaths and improve health outcomes.

**Many countries have made remarkable and rapid progress toward improving newborn and maternal health** by developing action plans or incorporating ENAP recommendations into existing plans. Since January 2013, 15 of the 18 countries that were categorized with the highest newborn mortality rates or burden of neonatal deaths have taken concrete actions to advance newborn health. Many other countries have developed specific action plans or strengthened newborn components within existing plans for Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH).

**Global, regional and national level partnerships have advanced country efforts** towards realizing ENAP goals (Box 1), with significant progress across three priority work streams: country implementation, metrics and advocacy. Regional and multicountry initiatives, such as First Embrace and Helping Babies Survive and Thrive, provide further impetus to country-led efforts.

**More than 50 new commitments for newborn health** have been made towards the *Every Woman Every Child* movement, which takes forward the *Global Strategy for Women's and Children's Health*. Global and national advocacy initiatives and events, such as World Prematurity Day and World Breastfeeding Week, have created greater awareness and have mobilized action at the national and subnational level.

**Ending preventable deaths for mothers and newborns is within reach.** As the global community reviews progress and reassesses strategies and financing in this final year of the MDGs, advocacy efforts are centred on three concomitant but distinct global processes: the Sustainable Development Goals, the *Global Strategy for Women's, Children's and Adolescents' Health* and a new Global Financing Facility for RMNCH. Both ENAP and EPMM provide unprecedented opportunities to turn the tide in focusing on and addressing maternal and newborn health and preventing stillbirths.



# Every Newborn: Action with a plan

## Background

Each day, 800 women and 7,700 newborns die from complications during pregnancy, childbirth and other neonatal causes (4, 5). In addition, 7,300 women experience a stillbirth<sup>a</sup> (6). While there has been remarkable progress in reducing the number of child deaths worldwide, too many babies continue to die each year despite the availability of feasible, evidence-based solutions.

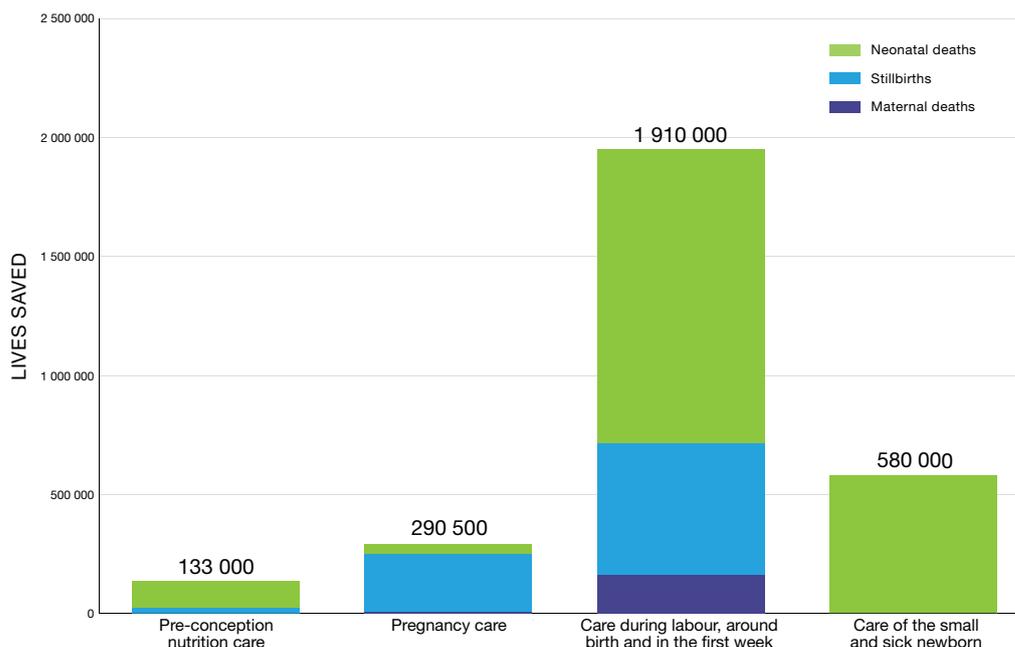
Every Newborn Action Plan (ENAP) provides an unprecedented opportunity to turn the tide and address newborn health and stillbirths (1). ENAP takes forward the UN Secretary-General's *Global Strategy for Women's and Children's Health* (2) by focusing attention on maternal and newborn health and identifying actions for improving their survival, health and development. It presents evidence-based solutions to prevent these deaths and sets out a clear path to 2020 with eight specific milestones for what needs to be done differently to meet the mortality targets by 2035.

Based on evidence presented in *The Lancet Every Newborn* series (7), and developed within the *Every Woman Every Child* framework (2), ENAP enhances and supports coordinated, comprehensive planning and implementation of newborn-specific actions. ENAP operates within the context of national reproductive,

maternal, newborn, child and adolescent health (RMNCAH) strategies and in collaboration with civil society, professional associations, the private sector and other stakeholders. Its goal is to achieve equitable coverage and high-quality care for women and newborns. ENAP's success will come through links with global and national plans, measurement structures and accountability. Nearly 3 million lives could be saved each year if ENAP's evidence-based solutions and actions are implemented (Figure 1) (8).

ENAP's preparation, led by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), was guided by the advice of experts and partners and by multistakeholder consultations and a web-based consultation with over 300 comments from stakeholders. Discussed at the 67th World Health Assembly, 194 Member States endorsed the document under Resolution WHA67.10 and committed to putting recommended actions into practice (9). The WHO Director-General was requested to monitor progress towards the achievement of the global goal and targets, reporting periodically to the World Health Assembly until 2030. The Plan was launched in Johannesburg (South Africa) on 30 June 2014, and many countries have since led efforts to address maternal and newborn health and stillbirth prevention.

Figure 1: Lives that could be saved by 2025 with universal coverage of care



Source: Every Newborn Action Plan, 2014 (1).

<sup>a</sup> Stillbirths refers to all pregnancy losses after 22 weeks of gestation, but the WHO definition for international comparison refers to those with a birth-weight of at least 1000g or a gestational age of at least 28 weeks (third trimester stillbirth). The WHO definition was used for the WHO/Lancet stillbirth rate estimates which went through WHO country clearance process.

## Key messages from the Every Newborn Action Plan

Three million babies and women could be saved each year by investing in quality care around the time of birth and special care for sick and small newborns. Cost-effective solutions are now available to protect women and children from the most dangerous day of their lives – the day of birth.

**ENAP addresses an unfinished agenda:** Improving newborn health and preventing stillbirths are part of the ‘unfinished agenda’ of the MDGs for women’s and children’s health. With newborn deaths still accounting for 44% of under-5 deaths globally, newborn mortality and stillbirths require greater visibility in the emerging post-2015 sustainable development agenda to reduce under-5 mortality.

**We have solutions to address the main causes of newborn death:** More than 80% of all newborn deaths result from three preventable and treatable conditions – complications due to prematurity, intrapartum-related deaths (including birth asphyxia) and neonatal infections. Cost-effective, proven interventions exist to prevent and treat each of these causes. Improving quality of care around the time of birth will save the most lives, but this requires educated and equipped health workers, including those with midwifery skills, and availability of essential commodities.

**Women’s and children’s health is a smart investment, particularly care at birth:** High coverage of care around the time of birth and the care of small and sick newborns would save nearly 3 million lives (women, newborns and stillbirths) each year at an additional running cost of only US\$ 1.15 per person in 75 high burden countries. This would have a triple impact on investments: saving women and newborns and preventing stillbirths.

**ENAP is action with a plan:** ENAP was developed in response to country demand. It sets out a clear vision of how to improve newborn health and prevent stillbirths by 2035. ENAP builds on the United Nations Secretary-General’s *Global Strategy for Women’s and Children’s Health* and the *Every Woman Every Child* movement by supporting government leadership and providing guidance on how to strengthen newborn health components in existing health sector plans and strategies, especially those that relate to reproductive, maternal and child health. ENAP calls upon all stakeholders to take specific actions to improve access to, and quality of, health care for women and newborns within the continuum of care.

## Every Newborn Vision: Goals, guiding principles and strategic objectives

### Vision

A world in which there are no preventable deaths of newborns or stillbirths, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential.

### Goals

#### Goal 1: Ending preventable newborn deaths

By 2035, all countries will have reached the target of 10 or less newborn deaths per 1,000 live births and continue to reduce death and disability, ensuring that no newborn is left behind.

#### Goal 2: Ending preventable stillbirths

By 2035, all countries will have reached the target of 10 or less stillbirths per 1,000 total births and continue to close equity gaps.

### Guiding principles

1. Country leadership
2. Human rights
3. Integration
4. Equity
5. Accountability
6. Innovation

### Strategic objectives

1 Strengthen and invest in maternal and newborn care during labour, birth and the first day and first week of life



2 Improve the quality of maternal and newborn care



3 Reach every woman and newborn to reduce inequities



4 Harness the power of parents, families and communities



5 Count every newborn through measurement, programme-tracking and accountability



# Placing mothers and newborns at the heart of the post-2015 framework

In the final year of the MDGs, the global community is reviewing progress and reassessing development goals, strategies and financing. It is vital that the post-2015 framework includes a vision of healthy societies in which women and adolescent girls, newborns and children survive and thrive. ENAP is part of a broader initiative to end preventable maternal and newborn deaths and stillbirths, and is linked to the initiative to end preventable maternal mortality. ENAP aims to improve quality of care for women and their children at the start of the life cycle, with particular care during birth and the first week of life. The thousands of preventable stillbirths each day require elevated attention in the post-2015 framework, given progress has been the slowest in this area, with long-lasting effects on families and communities.

The efforts to ensure that mothers and newborns remain at the heart of the post-2015 framework focus on three concomitant but distinct global processes:

## Sustainable Development Goals Framework

In September 2015, countries will decide on the content of the Sustainable Development Goals (SDGs) (10), which will drive the global agenda on social, economic and environmental development for the next 15 years. At the end of 2014, the Partnership for Maternal, Newborn and Child Health (PMNCH) developed a policy brief, 'Placing healthy women and children at the heart of the post 2015 sustainable development framework', to serve as an advocacy guide for the RMNCAH community (11). The Every Newborn targets were included in this policy brief. Work thus far has resulted in 17 draft goals and 169 specific targets, including a target for newborn mortality but not stillbirths. Newborn mortality and stillbirths require greater visibility in the emerging post-2015 sustainable development agenda if overall maternal and under-5 mortality is to be reduced. Efforts are now focused on ensuring the core ENAP indicators (see page 16) are considered for inclusion in the SDG measurement framework.

## Global Strategy for Women's and Children's Health 2.0

An updated *Global Strategy for Women's, Children's, and Adolescents' Health* will build on new evidence, including the need to focus on critical population groups, such as newborns, and continue the momentum from the ENAP launch. It will align with the targets and indicators developed for the SDG framework and outline opportunities for means of implementation. Several substreams are informing the updated framework including one particularly relevant to newborns; 'health interventions, strong workforce and resilient health systems'. This substream is evaluating the main challenges and gaps for the health workforce and health systems to provide quality care and to fully implement the updated Global Strategy. A technical paper, 'Ending preventable maternal and newborn mortality and stillbirths' has been developed to inform the Global Strategy consultation process. ENAP goals and objectives around human rights and health system strengthening should be better integrated into the forthcoming SDGs Framework.

The Progress Report on the Global Strategy 2010–2015 launched by the UN Secretary-General in March 2015 presents key lessons learned from the *Every Woman Every Child* multistakeholder approach. It particularly focuses on areas related to accountability, innovation and public-private partnerships and showcases the high level of leadership and political commitment (12). Newborn mortality and stillbirths were identified as priority areas in the report for moving forward.

## Global Financing Facility

The Global Financing Facility for RMNCH (GFF) in support of *Every Woman Every Child* was developed by the World Bank Group and the Governments of Canada, Norway and the United States of America in response to the Secretary-General's call for expanded cooperation for action. The GFF aims to support the delivery of the *Global Strategy for Women's, Children's and Adolescents' Health* as an important financing instrument. The proposed GFF has the potential to accelerate progress towards these targets, if designed and implemented appropriately. Discussions are underway on the application of GFF at the country level.



## A Promise Renewed

Ending Preventable Maternal and Child Deaths: A Promise Renewed (APR) is a global movement to end preventable maternal, newborn and under-5 deaths launched by UNICEF and the Governments of Ethiopia, India and the United States of America in 2012. Since then, 178 governments have signed a pledge, committing to the goals of APR. More than 60 countries held an APR launch in which they reaffirmed APR principle and commitments. In many cases this included sharpened country strategies. The majority of these strategies have placed strong

emphasis on addressing newborn mortality, which now accounts for 44 per cent of the global under-5 mortality burden. The 2014 APR Progress Report focused on newborns and presented new data and analysis highlighting low levels of immediate breastfeeding and important inequities in access to skilled birth attendants. In 2015, more countries, including Afghanistan, India and Mozambique, will launch or commemorate APR with a strong focus on newborn mortality. ENAP targets are aligned with APR goals.

## Ending Preventable Maternal Mortality

Efforts to prevent stillbirths and improve newborn survival and health are intrinsically linked with the survival and health of women, particularly their infection status and nutritional health, before conception and during pregnancies. Draft strategic objectives and targets to achieve the goal of ending preventable maternal deaths were included in the annex of ENAP and in Resolution WHA67.10. After undergoing a wide expert consultation process, 'Strategies toward ending preventable maternal mortality' (EPMM) was released in February 2015 (3). The objectives are complementary to those of ENAP and intended for coordinated implementation. EPMM targets and strategies are grounded in a human rights approach to maternal and newborn health,

and focus on eliminating significant inequities that lead to disparities in access, quality and outcomes of care within and between countries. Concrete political commitments and financial investments by governments and development partners are necessary to meet the targets and carry out the strategies for EPMM.

### EPMM targets

- Global target: Average global maternal mortality ratio (MMR) of less than 70 maternal deaths per 100 000 live births by 2030
- Supplementary national target: No country with an MMR greater than 140, a number twice the global target, by 2030

## Ending Preventable Stillbirths

In 2014, *The Lancet's* Every Newborn Series (7) and Midwifery Series (13) fully included stillbirths, and highlighted evidence-based solutions to achieve targets for ending preventable maternal and newborn deaths and stillbirths by 2030. ENAP included a specific goal for stillbirth reduction. In April 2015, the UN Inter-agency Group for Child Mortality Estimation agreed to take responsibility to oversee regular estimates of national stillbirth rates, a major achievement towards improving accountability and institutionalizing this measurement within the UN system, as seen by their work since they took up oversight of neonatal mortality rate estimates in 2009.

In order to focus the world's attention on the vital issue of stillbirths - inextricably linked to newborn

and maternal survival and health - *The Lancet* is planning an updated series "Ending Preventable Stillbirths" in October 2015. The Series will add a new clarion call for action building from the earlier Series, which exposed the global silence surrounding stillbirths and provided the first comprehensive set of national stillbirth estimates (14). The previous Series received wide press coverage, a media reach of almost 1 billion, and an unprecedented response from academia, organizations and the public. This updated Series will report changes since 2011, update the national, regional and global level stillbirth rates, highlight new developments, and present a revised Call to Action for continued reduction of the global burden of stillbirth.

# Country progress

Prior to the endorsement of ENAP at the World Health Assembly, many countries recognized the urgent need to address newborn health and made specific commitments (15, 16). This progress accelerated during the consultation process that accompanied the development of the global ENAP, and has continued since the formal endorsement. Therefore, tracking country progress towards the goals of ENAP started from the commencement of the country consultation phase in January 2013.

The WHA67.10 resolution urged Member States to put ENAP into practice and requested periodic monitoring on progress to be reported to the Health Assembly (9). While discussions are still underway about monitoring progress across all countries, an assessment of progress for countries with the highest burden of newborn mortality has been undertaken (rates and/

or burden of neonatal deaths as listed in Table 1). Eighteen countries are within this categorization, of which 15 have taken concrete actions to advance newborn health. Four countries have developed specific action plans (Bangladesh, India, Indonesia and Kenya) and a further six countries are in the process of preparing specific action plans (China, Guinea Bissau, Nigeria, Pakistan, Sierra Leone and Zimbabwe). An additional three countries have strengthened newborn components within existing plans for RMNCAH: Chad, Democratic Republic of Congo and Mali. Work is in progress in Ethiopia and Lesotho to strengthen the newborn component within existing plans. Angola, The Central African Republic and Somalia have not yet started the development of plans and will need more support. While eight countries have a newborn mortality target, only three countries have a stillbirth target.

**Table 1.** Progress towards national newborn health plans in countries with the highest Newborn Mortality Rates and/or burden of neonatal deaths

Country	Newborn deaths (2013)	Newborn mortality rate (2013)	National Newborn Plan	Newborn component strengthened in RMNCH plan	National plan costed	Neonatal mortality rate target	Stillbirth rate target
Angola	42,700	47					
Bangladesh	76,800	24	✓		✓	✓	✓
Central African Republic	6,700	43					
Chad	22,600	40		✓	✓		
China	143,300	8	*		*		
Democratic Republic of the Congo	104,700	38		✓	✓	✓	
Ethiopia	845,00	28		*	*	*	
Guinea-Bissau	2,700	44	*				
India	747,600	29	✓		*	✓	✓
Indonesia	65,900	14	✓		*	✓	✓
Kenya	39,600	26	✓		*	✓	
Lesotho	2,600	44		*	*	✓	
Mali	27,800	40		✓			
Nigeria	261,600	37	*			*	
Pakistan	193,800	42	*		*	✓	
Sierra Leone	9,500	44	*				
Somalia	20,800	46					
Zimbabwe	17,400	39	*			✓	

Blue rows: 10 countries with the highest number of newborn deaths

Green rows: 10 countries with the highest newborn mortality rate

Purple rows: Included in both top 10 categories

✓ indicates completed; \* indicates in process.

Data Source: UNICEF, 2015, State of the World's Children 2015, Geneva. Progress data tracked through specific outreach with UNICEF regional and country offices.



## Spotlight on countries

Recognizing that many countries have made progress towards ENAP milestones, this report spotlights examples of activities to end preventable mortality and improve maternal and newborn health. An ongoing comprehensive analysis will be presented in 2016.

### Afghanistan

The Ministry of Public Health developed a National Every Newborn Action Plan in 2014. Further progress was then made with the finalization of both a community-level and a facility-level comprehensive newborn care package, along with a revision of the essential and advanced newborn care in-service training package. In addition, a team of 8 national master-trainers received training in essential newborn care. Neonatal death review committees have been established in three hospitals in Kabul and two zonal hospitals. Maternal-perinatal death review committees have been established at the facility level to improve the quality of maternal and newborn care.

### Bolivia

The Ministry of Health implemented a surveillance system for neonatal mortality and for neonatal death audits and is preparing a plan to prevent preterm births and strengthen systems to respond appropriately to preterm births. A pilot project on Kangaroo Mother Care is being implemented. The Ministry of Health along with UNICEF, WHO, United Nations Population Fund (UNFPA) and Family Care International, is promoting the purchase of 'Backpacks for Life' with basic supplies for maternal and newborn health to be distributed in rural areas. Further, health services are being strengthened by implementing functional health networks with priority for obstetric and neonatal health.

### Cameroon

Taking into account the results of a recent bottleneck analysis of the implementation of newborn care, a 2015–2016 operational action plan for improving newborn health has been developed for rapid deployment in priority health districts. The plan highlights five of the nine recommended high-impact newborn health interventions that were not previously scaled up, in order to address the leading causes of neonatal mortality: essential newborn care, treatment of infections with antibiotics, management of prematurity including use of antenatal corticosteroids, Kangaroo Mother Care and newborn resuscitation. Guidelines for newborn care have been developed and capacity-building of health care providers is ongoing.

### Ghana

On 30 July 2014, the Ministry of Health launched the Ghana National Newborn Health Strategy and Action Plan for 2014–2018. This integrated and comprehensive plan mimics the global ENAP in its objectives and targets and aims to collaborate with stakeholders of varied backgrounds in the fight against neonatal deaths. The launch was followed by an annual national newborn stakeholders' meeting to build consensus on operationalizing the national newborn strategy. A multistakeholder committee is in place to coordinate efforts and track progress of implementation.



## Haiti

Efforts are ongoing to update and develop a Neonatal Action Plan and create guidelines on improving quality of care for newborns. This includes surveillance activities related to newborn health and wide discussions within the Haitian Neonatal Alliance in order to define priority actions. Kangaroo Mother Care training units have been established at University Hospitals La Paix and Justinien, and health workers are being trained in Kangaroo Mother Care, neonatal resuscitation and Helping Babies Breathe. The strengthening of referral networks and care available is part of a multipartner work to identify and promptly refer maternal and neonatal complications and improve and expand the delivery of the essential newborn care package.

## India

In September 2014, the Government of India launched the India Newborn Action Plan (INAP). INAP aligns with the mortality targets of the global ENAP and spells out six key principles to achieve its targets including quality of care around the time of birth, convergence, partnerships and accountability. State and district-level health authorities in collaboration with partners are undertaking next steps to develop implementation plans.

## Malawi

Malawi is finalizing an ENAP to be launched in June 2015. A national taskforce has been convened to oversee its implementation. In advance, Kangaroo

Mother Care is being scaled up in all the districts in the country and efforts to train the health workforce and mobilize communities to increase access to and coverage of essential newborn care are underway. The community mobilization activities focuses on the care of preterm babies, demand seeking for skilled attendance at birth as well as male involvement and community involvement in maternal and newborn care.

## Myanmar

The Ministry of Health completed a bottleneck analysis in early 2014 and developed the draft National Newborn Action Plan in May 2014 which is now part of the National Newborn and Child Health and Development Strategic Plan (2015–2018) awaiting final endorsement. Chlorhexidine was introduced for cord care in early 2015, the role of auxiliary midwives is being expanded and the strengthening of community-based newborn and postnatal care is ongoing.

## Nepal

The first draft of ENAP has been prepared and circulated for feedback among a core team of national actors for newborn health including the Ministry of Health, professional associations, UNICEF, WHO and Save the Children. Individual team members have been assigned to work on targets and to include specific action on demand generation and on maternal and adolescent nutrition.

## Pakistan

All nine evidence-based newborn interventions in ENAP have been integrated in the Provincial Strategy for Integrated Reproductive, Maternal, Newborn and Child Health and Nutrition and made part of the essential health package of services, with allocated budgets by Provincial Governments starting in 2016. At a national level, skin to skin care and chlorhexidine for cord care have been newly introduced and training in newborn resuscitation skills has been scaled up. Newborn indicators are being integrated in routine facility Health Management Information Systems and District Health Information Systems to assess the effective coverage and quality of care.

## The Philippines

The Ministry of Health conducted a comprehensive newborn care needs assessment in 2012 followed by a national consultation in 2013 to provide feedback for the global ENAP process, and developed a Newborn Action Plan in November 2013. The Government launched A Promise Renewed plan on 23 April 2014 with emphasis on achieving universal health care. PhilHealth, the largest national health insurance provider in the country, and the Ministry of Health are currently designing a separate coverage package for premature newborns.

## South Africa

To support implementation of the national Strategic Plan for Maternal, Newborn, Child and Women's Health and Nutrition, the Department of Health has strengthened all levels of newborn care by appointing a neonatal care improvement advisor, establishing a Neonatal Coordinating Committee and developing a neonatal implementation and monitoring plan. Provincial newborn care plans are implemented by District Clinical Specialist Teams in every district, supported by master trainers of targeted intervention packages and a district clinical

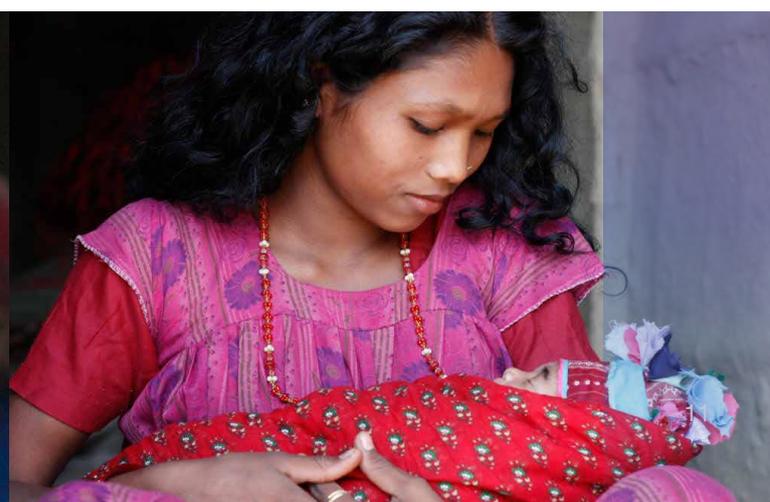
governance role. In one such intervention package, Essential Steps to Manage Obstetric Emergencies, over 9000 health care workers have been trained with an estimated 35% reduction in neonatal mortality rates in six pilot sites.

## Tanzania

The United Republic of Tanzania's Ministry of Health and Social Welfare and partners used the 2014 World Prematurity Day to leverage direction and momentum for delivering on the various commitments made for accelerated newborn survival. These commitments include those in ENAP, the national Sharpened One Plan 2014–2015 and the health sector priorities, captured within the Big Results Now program. A stakeholders' roundtable meeting brought together Government officials with all stakeholders to deepen awareness of newborn health and improve collaboration and coordination. Participants identified key actions, which, if acted on now, could save 9400 newborn and 1400 mothers' lives and avert 2500 stillbirths by 2015 as projected in the Sharpened One Plan.

## Vietnam

As part of the Every Newborn consultation process, the Ministry of Health with partners undertook a Bottleneck Analysis in August 2013. By the end of 2014, the Ministry of Health had finalized national guidelines to implement four early essential newborn care practices - active management of the third stage of labour, delayed cord clamping, immediate skin to skin contact, and early initiation of breastfeeding. Additionally, a national guideline to implement Kangaroo Mother Care supporting preterm and low birth weight newborns has been prepared. A directive has been issued to strengthen maternal and child healthcare.



# Regional activities

A broad range of multi-country initiatives provide further impetus to country-led efforts toward Every Newborn goals. These include:

## Africa

The WHO African Regional Office held a consultation in November 2014 with the Reproductive Maternal Newborn and Child Health (RMNCH) Task Force members to find the best approach to support the implementation of the strategy in the region. Newborn interventions have been incorporated in both drafts of Reproductive Maternal and Newborn Health and Child, Adolescent and Nutrition 2016-2020 plans. Over 80 participants from 12 French-speaking countries participated in an intercountry workshop on improving the quality of midwifery education in February 2015 as part of a World Bank initiative to improve the training of teachers for midwifery training institutions in these 12 countries. WHO hosted three multicountry workshops, in Zimbabwe, Burkina Faso, and the Democratic Republic of Congo, on the quality of maternal, newborn and child care with participants from 19 countries. The WHO Regional office is ensuring the availability of Portuguese language training materials and is finalizing the French version.

## Eastern Mediterranean

A gap analysis was conducted in December 2014 in nine MDG priority countries based on the strategic objectives of ENAP: newborn health, strengths and gaps of existing neonatal health interventions, and proposals for short- and long-term neonatal health actions. To accelerate and harmonize a global integrated response from Member States, in March 2015, the Eastern Mediterranean Regional Office supported neonatal programme managers in 20

Member States to do a gap analysis of neonatal health plans at the country level and review existing national commitments to ensure alignment with ENAP. Countries presented their key neonatal health actions with the existing gaps and came up with proposals on priority actions for neonatal health care.

## Latin America and the Caribbean

Since the adoption of ENAP, activities to disseminate and implement ENAP's strategies and specific actions have been developed in Latin America and the Caribbean Region, at both regional and national level, involving key actors and partners. ENAP has been widely disseminated and discussed with technical focal points at the country level, involving key actors from the Ministries of Health and additionally at the Annual Meeting of Regional Neonatal Alliance. A process of adapting surveillance and monitoring tools and systems is being carried out in order to provide the data required for the monitoring and evaluation of ENAP implementation. In process is the final evaluation of the Regional Strategy and Plan of Action for Neonatal Health within the continuum of maternal, newborn and child care, and the results of this evaluation will simultaneously serve as a baseline analysis for the broader implementation of ENAP in the region.



## South East Asia

A Flagship project 'Ending preventable maternal and child mortality' with a focus on neonatal mortality reduction and to accelerate actions at regional and country levels with a sense of urgency has been initiated by the WHO Regional Director. Clear deliverables and priority activities have been identified for the work plans for 2015 and 2016-2017 at regional and country levels. A Technical Advisory Group (TAG) has been constituted with the main purpose of providing guidance to national governments, implementing partners and other stakeholders, and 'The Reduction in Neonatal Mortality' will be the theme of the group's first meeting scheduled for August 2015. A regional meeting on ENAP and Postnatal Care for Mother and Newborn was organized in Colombo (Sri Lanka) in November 2014 to review country progress, disseminate new WHO technical guidelines on postnatal care for mothers and newborns and develop a common understanding for universal implementation of these in member countries of the region. Countries agreed to finalize costed national ENAPs and adopt or adapt WHO postnatal care guidelines for implementation by December 2015. To this end, a Regional Capacity Building Workshop on the One Health Tool for costing of newborn action plans took place in Kathmandu in April 2015.

## Western Pacific

In May 2014, WHO and UNICEF released the Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014-2020) a road-map for newborn health which calls on governments, United Nations agencies and other stakeholders to support its recommendations. The plan requests improved political and social support to secure an enabling environment for Early Essential Newborn Care and mobilization of families and communities to increase demand for these approaches. Since the endorsement of the plan in by Member States in the Regional Committee in 2013, all 8 priority countries have conducted a situation analysis, developed a national newborn action plan, and established a national coordination mechanism, and are at various stages of strengthening the implementation of early essential newborn care. In March 2015, WHO's Regional Office for the Western Pacific launched First Embrace, a campaign highlighting simple steps to save more than 50 000 newborn lives, and prevent hundreds of thousands of complications each year from unsafe practices in newborn care in the region. First Embrace highlights early essential newborn care; a package of actions and interventions that address the most common causes of newborn death or disease, such as prematurity, low birth weight and severe infection. After the Regional launch of the campaign in Manila, the Philippines, launch activities are planned in China, Viet Nam and Mongolia, eventually continuing to all eight priority countries in the Western Pacific Region.



# Every Newborn coordination

The Every Newborn movement aims to support government leadership and the actions of policy-makers and programme managers, while ENAP provides technical guidance to sharpen newborn strategies and plans within existing health sector plans and RMNCH strategies. To better support implementation in countries following the formal endorsement, WHO and UNICEF have coordinated follow-up actions through three streams of activities: advocacy, country implementation and metrics. A fourth stream of work, on research, is cross cutting.

A new management structure has been set up to strengthen support for this work. Co-leads manage each of these work streams with a group comprised of representatives from low- and middle-income countries, professional associations and maternal health experts. Some groups have task teams or subcommittees consisting of additional partners and linking to other activities. To ensure the activities of these working groups are aligned, a management team is in regular contact through weekly internal

emails and monthly calls. This team (Table 2) is comprised of the co-leads of each work stream, the co-chairs and some additional partners, including individuals who are also on the core working group for EPMM to ensure synergies between efforts.

ENAP was developed with support from a wide, diverse multistakeholder Advisory Group with over 60 representatives from national governments, academic institutions, health professional associations, multilateral and bilateral agencies, foundations, the private sector and civil society, including women's and parent's organizations. The level of engagement by this wider group is needed but interaction is less formal. Channels of communication include participation in one or more of the work streams either as core member or wider group member and regular updates from the ENAP management team through email updates, discussion forums, webinars, global and national meetings. Three public webinars on progress for ENAP have been held since May 2014.

**Table 2: Members of the Every Newborn management group**

Co-chairs	World Health Organization (WHO) United Nations International Children's Emergency Fund (UNICEF)
Working group leads:	
• ENAP advocacy group	Partnership for Maternal, Newborn and Child Health (PMNCH) Save the Children United Nations Foundation (UNF)
• Country implementation group (CIG)	WHO and UNICEF
• ENAP metrics	London School of Hygiene and Tropical Medicine WHO
Additional members	Bill and Melinda Gates Foundation Maternal Health Task Force United Nations Population Fund (UNFPA) United States Agency for International Development (USAID)

*Note:* The time spent on core group or task teams is not funded. Additional secretariat support time for convening and administering the work of ENAP management and working groups is funded by UNICEF through a grant from the Bill and Melinda Gates Foundation. The time of the Project Manager is funded by Save the Children's Saving Newborn Lives programme.

## Advocacy Working Group

### Purpose:

To strengthen and track maternal and newborn health advocacy global and national efforts; and to showcase results from commitments

### Goals:

1. Under the Every Woman Every Child umbrella, to amplify national level progress, providing greater support for the acceleration of maternal and newborn interventions and health strategies in targeted countries.
2. To build on in-country support for ENAP as a major driver of political action and commitment, promoting integrated maternal-newborn action.
3. To maintain and strengthen global and regional commitments to maternal and newborn health among the key partner organizations.
4. To ensure strong accountability for commitments by all stakeholders through effective advocacy partnerships and communication products, that amplify action on these commitments.
5. To continuously raise awareness and engage new partners around the importance of reducing maternal and newborn mortality and stillbirths.

### Team:

**Co-leads:** PMNCH, Save the Children, UNF.

**Core partners:** Bill and Melinda Gates Foundation, UNICEF, March of Dimes, Family Care International, Johnson & Johnson, White Ribbon Alliance, Well Being Foundation among others

**Advocacy coordinator for ENAP Metrics Group:** Evidence4Action

**Advocacy coordinators for ENAP Country Implementation Group:** Save the Children and World Vision

## Metrics Group

### Purpose:

To improve and institutionalize metrics to track coverage and impact based on the goals and targets of ENAP and the five strategic objectives and to build on existing work on national and global metrics, but also to strategically identify and address key measurement gaps at the global, regional and country levels.

### Goals:

1. Map technical status on indicators, data collection platforms, perinatal dataset, audits, and relevant tools, with an initial focus on coverage data for newborn specific interventions prioritized in ENAP
2. Institutionalize global metrics architecture and post-2015 accountability framework.
3. Develop capacity to improve and use data for action regarding Every Newborn, especially in high burden countries

### Team:

**Co-leads:** WHO and London School of Hygiene & Tropical Medicine

**Core partners:** UNICEF, Save the Children, Children's Investment Fund Foundation, Bill and Melinda Gates Foundation, UNFPA, USAID



## Country Implementation Group

### **Purpose:**

To support countries in their implementation of Every Newborn

### **Goals:**

1. Strengthen technical support coordination
2. Strengthen monitoring of country implementation and track progress
3. Provide technical assistance for the development, implementation and assessment of Every Mother, Every Newborn, which focuses on improving the quality of maternal and newborn care around the time of birth

### **Team:**

**Co-leads:** WHO and UNICEF

**Core partners:** Save the Children, USAID's flagship Maternal and Child Survival Programme, the Bill and Melinda Gates Foundation, USAID

## Research Group

The ENAP research group is a cross cutting group linked to the country implementation, metrics and advocacy working groups. The primary objectives are to (1) monitor that the research priorities identified in 2014 are being addressed in an accelerated way and plan for the review of research priorities every three to five years in light of new knowledge; (2) promote research on priorities not being adequately addressed by catalysing funding coalitions as well as promoting, supporting and building research capacity in low- and middle-income countries; (3) ensure that new evidence is rapidly and correctly interpreted and used to refine the implementation of ENAP; and (4) communicate research needs identified by programme implementers back to the research community (i.e. link programme and research bi-directionally so that they inform each other).

## Country implementation support

The Country Implementation Group brings together the strength of partner organizations and their respective structures and capacities at the global, regional and country levels. This work stream has been involved in a number of activities over the past year including tracking progress, mapping technical support and providing technical assistance to focus countries.

### Country progress tracking tool

To support the national tracking of progress toward achieving ENAP goals, targets and milestones, a questionnaire was developed and piloted in high burden neonatal mortality rate countries by UNICEF with support from other partners. Ten focus countries completed the tool which assessed progress, identified barriers to implementation and mapped specific technical assistance needs in each country.<sup>b</sup> Preliminary results showed progress on the development of action plans and the inclusion of maternal and neonatal commodities in the essential medicines list. The presence of multiple partners working on maternal and newborn health and numerous advocacy events was noted. The areas with the least progress are maternal death surveillance and response, perinatal audit, prioritization of research and development/adaptation of local maternal and newborn health devices. The technical assistance needs focused on support for costing, budgeting of the action plans and guidance on perinatal audits. The lessons learnt from the pilot are being used to develop a revised tracking tool with key epidemiological indicators, simplified questions, pre-coded responses and the inclusion of all countries with the highest neonatal mortality rate or burden of neonatal deaths.

### Mapping of technical support

The mapping of technical support available to maternal and newborn care around birth is being undertaken to determine gaps and duplications and to coordinate action. The overall objective is to set up a single repository of technical assistance for maternal and newborn care at the time of birth and identify where activities are taking place and what are the human and financial capacity and resources available to support quality maternal and newborn care. This initiative includes developing a database of expert consultants to provide technical support to countries. By March 2015, the activities of 47 partners were gathered in a simple database. WHO Regional Offices have requested WHO Country Offices to validate and supplement the information and ongoing conversations are being held with partners so the information remains current. The feedback from partners on this initial mapping exercise indicates this initiative to be very valuable; partners fully support the ongoing mapping to provide information and data to inform their in-country decision-making. Currently, a Working Group is in formation to plan how to best collect, summarize, report and use the data. This planning will inform the development of an optimal database for this mapping repository.

<sup>b</sup> Bangladesh, Ethiopia, Indonesia, Kenya, Malawi, Myanmar, Nigeria, the Philippines, Tanzania and Viet Nam.





## Stakeholder commitments to support action

Accompanying the launch of ENAP in June 2014 was a package of approximately 40 financing, policy and service delivery commitments showcasing multistakeholder interest and recognition of the need to invest in newborn health. Multilateral institutions played their part with a \$90 million commitment coming from the Islamic Development Bank focusing on, among other activities, building midwifery schools, training health workers in maternal and neonatal care, and establishing well-functioning health information systems, including for birth registration. The governments of Bolivia, Cameroon, Malawi, Oman and the United States also made commitments.

The private sector embraced the launch of ENAP by contributing 17 new commitments valued at over \$100 million, representing over 40% of all new commitments and the single largest private sector contribution recorded for the launch of a new global health initiative. In addition to these new commitments, at least 40 other companies have existing investments that are contributing to improvements in the health of newborns all over the world. Also, in September 2014, innovators from both the public and private sectors announced additional commitments to advance the Global Strategy, totalling more than \$69 million in value.

Bilateral donors have continued their support. For example, 53% of the commitment of \$200 million from bilateral donors to the RMNCH Trust for the period 2013–2015 has been directed to maternal and newborn care. In Africa, nine countries have received funds from the RMNCH Trust Fund to improve access to the 13 essential lifesaving commodities identified by the UN Commission on Life Saving Commodities.

## New partnerships

New partnerships have initiated programmes to support the delivery on commitments to newborn health.

### The Public-Private Partnership to Prevent Preterm Birth

The Public-Private Partnership to Prevent Preterm Birth is seeking to accelerate the achievement of the ENAP goal of halving preterm birth rates over a five-year period, with an initial strategic geographic focus on the three countries with the largest numbers of newborn deaths from preterm complications: India, Nigeria and Pakistan. It will specifically target four so-called LINC factors (a) lifestyle, (b) infection, (c) nutrition and (d) contraception, and work in close partnership with governments, non-government organizations, parent groups, the private sector and the research community.

### Helping Babies Survive

The Helping Babies Breathe public-private partnership has introduced newborn resuscitation programmes in 77 countries, over 50 of which are coordinated by national governments. Building on the success of the Helping Babies Breathe model, the Survive and Thrive public-private partnership developed the Helping Babies Survive suite of modules to address all leading causes of newborn death. In 2014 and 2015, master trainers from over 20 African and Asian countries were trained in the programme. Several country teams have developed plans to adapt and integrate the Helping Babies Survive modules into their existing newborn programmes. Also in support of ENAP, Survive and Thrive and the professional paediatric associations of Ethiopia, India and Nigeria have entered into a partnership to support national efforts for the Help 100,000 Babies Survive and Thrive initiative.

More information available at [www.everynewborn.org](http://www.everynewborn.org)

## Advocacy efforts

Every Newborn advocacy captures the efforts towards the ENAP goals and mobilizes action for change. Cross cutting the metrics and country implementation streams of work, it falls under the banner of the *Every Woman Every Child* movement. From maintaining the Every Newborn webpage and other communications to supporting new developments, such as the first ever World Birth Defects Day on March 3rd, there have been numerous efforts in the past year. The following examples highlight some advocacy and communication successes at the global, regional and national levels.

### World Breastfeeding Week

World Breastfeeding Week is celebrated every year from 1 to 7 August in more than 170 countries to encourage breastfeeding and improve the health of babies around the world. In 2014, UNICEF and WHO partnered with 18 organizations to produce an advocacy brief on early initiation of breastfeeding. Messages emphasized that health breastfeeding practices start in the first hour of life and is a key, low-cost intervention that saves newborns and improves development outcomes for children. The brief is part of a larger global advocacy initiative to raise the visibility of breastfeeding as a cornerstone of child survival, health and development.

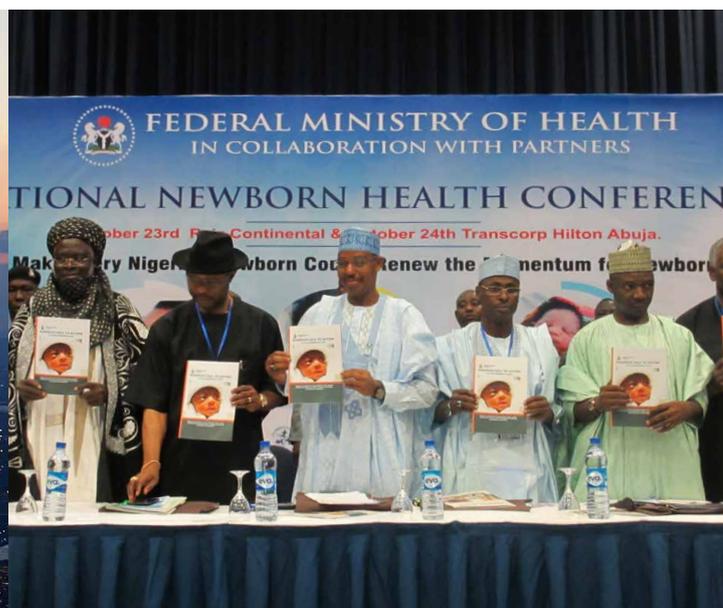
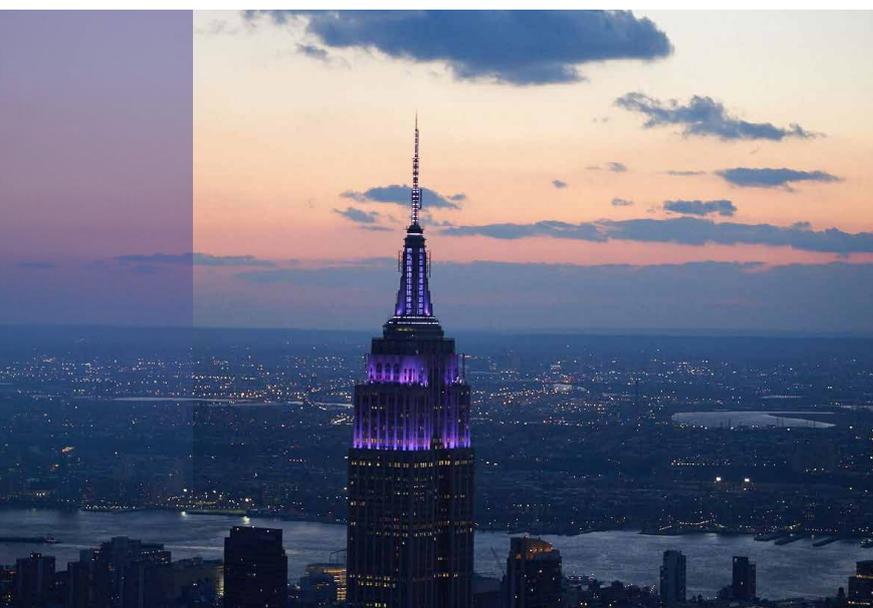
### World Prematurity Day 2014

Celebrations for the 4th Annual World Prematurity Day on 17 November 2014 were held in over 70 countries with support from parent groups, researchers, governments, and civil society. Bhutan, Ethiopia, Kenya and Tanzania held their first-ever national events and more than 13 national governments engaged in activities. Around the globe, 150 landmarks, from The Empire State Building in New York City to the Bosphorus Strait Bridge in Istanbul, were lit in the thematic colour, purple. World Prematurity Day focused on new research in *The Lancet* that found preterm birth to be the new leading cause of under-5 mortality worldwide (17) as well as an announcement

of US\$ 250 million in new research programmes. Media coverage reached almost 2 billion people, and the social media campaign reached over 171 million people worldwide.. The growth of World Prematurity day has been due in part to the work of dedicated parent groups and linked with action around the Born too Soon Report (18), ENAP and the Every Woman Every Child initiative.

### Nigeria National Newborn Health Conference

The Nigerian Federal Ministry of Health and its partners convened the country's first ever national conference on newborn health from 23-24 October 2014. Preceded by a two-day stakeholder consultation for Helping 100,000 Babies Survive and Thrive, it offered the opportunity to build synergy among RMNCAH stakeholders in the delivery of high-impact interventions. It featured the launch of *The Lancet* Every Newborn series and Nigeria State Data Profiles as an accountability tool for MNCH (19). The Government also reaffirmed the commitment towards ending preventable newborn deaths with 'A Call to Action to Save Newborn Lives', emphasizing state-level implementation of MNCH interventions (20) and committed to developing a Nigeria Every Newborn Action Plan.



## Improving metrics and data to measure progress

Counting every newborn is the fifth strategic objective in ENAP, and data are crucial for informing and accelerating change. As published in ENAP and the accompanying Lancet series (7), Table 3 illustrates the 10 priority metrics that were agreed on to track impact (three indicators), coverage of care for every mother and newborn (three indicators) and specific interventions (four indicators), along with the need to better measure quality of care at birth, and care for small and sick newborns. This effort links to ongoing work, especially maternal healthcare tracking and can also inform equity of care.

### Priority gaps in metrics, especially to track programmatic coverage and equity

Table 3 shows the current status of indicator definitions and data availability. The indicators requiring most improvement are identified in bold. Notably several high impact interventions for newborn health lack standardised indicator definitions and are not routinely monitored at a national or global level. Given the gap for immediate measurement of population coverage, recommendations are being made for process indicators that are already in use and can be tracked

now, whilst work progresses to validate and test feasibility for the coverage indicators for indicators 7-10 which are immediately useable (more details on these process indicators from everynewborn.org).

Core indicators 7 to 10 target women or babies who need specific treatment; however, accurately measuring which women or babies have these needs is challenging (i.e., a precise denominator), since this may require subjective, often clinical, judgement such as the need for resuscitation or infection case management. Such information is usually unavailable and household survey respondents may not know or recall the information.

**Table 3** Core and additional indicators to track impact, coverage, quality and equity for ENAP

Current status	Level	Core ENAP indicators	Additional indicators
Definitions clear – but quantity and consistency of data lacking	<b>Impact</b>	1. Maternal mortality ratio	
		2. Stillbirth rate	Intrapartum stillbirth rate
		3. Neonatal mortality rate	Low birth weight rate Preterm birth rate Small for gestational age Neonatal morbidity rates Disability after neonatal conditions
Contact point definitions clear but data on content of care are lacking	<b>Coverage: Care for all mothers and newborns</b>	4. Skilled attendant at birth 5. Early postnatal care for mothers and babies 6. Essential newborn care (tracer is early breastfeeding)	Antenatal care  Exclusive breastfeeding up to 6 months
Gaps in coverage definitions, and requiring validation and feasibility testing for use in Health Management Information Systems	<b>Coverage: Complications and extra care</b>	7. <b>Antenatal corticosteroid use</b>	Caesarean section rate
		8. <b>Neonatal resuscitation</b> 9. <b>Kangaroo mother care</b> 10. <b>Treatment of severe neonatal infections</b>	<b>Chlorhexidine cord cleansing*</b>
	<b>Input: Service delivery Packages for quality of care</b>	<b>Emergency Obstetric Care</b> <b>Care of small and sick newborns</b> <b>Every Mother Every Newborn Quality Initiative with measurable norms and standards</b>	
	<b>Input: Counting</b>	Birth registration	Death registration, cause of death

**Shaded=** Not currently routinely tracked at global level.

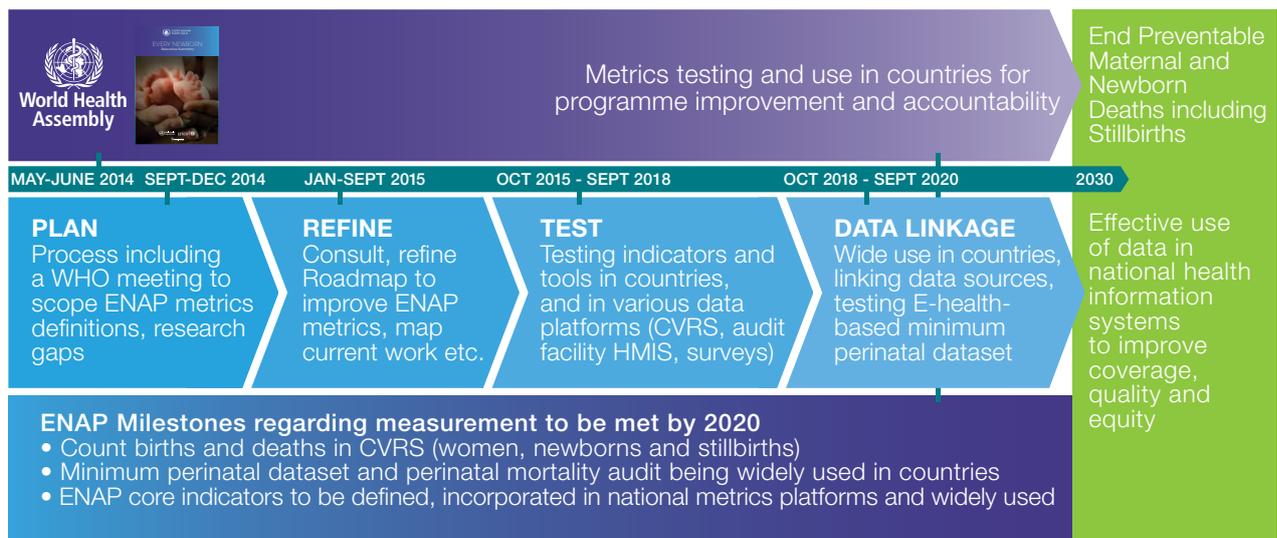
**Bold red=** Indicator requires additional testing to inform consistent measurement.

Indicators to be disaggregated by equity such as urban/rural, income, and education.

\*Recommended for home births in settings with a neonatal mortality of 30 or more newborn deaths per 1000 live births.

Source: Adapted from Every Newborn Action Plan, 2014 (7); www.everynewborn.org and Mason et al., Lancet 2014 (21).

Fig. 2 ENAP Measurement Improvement Roadmap



Given that most of these interventions are predominantly implemented at facility level, efforts will initially focus on testing the reliability and validity of facility-based coverage indicators and testing a range of potential denominators will be the initial focus. Then the indicators will be tested for feasibility of collection in routine Health Management Information Systems. However, some interventions, such as use of chlorhexidine cord cleansing or Kangaroo Mother Care, are more likely to be measurable through household surveys.

### Ambitious plan to improve and use data to accelerate change

Since 2014, substantial progress has been made in aligning indicator definitions that can be used in countries and work is underway to develop a multi-partner ENAP measurement improvement roadmap (Figure 2). The five-year ENAP Measurement Improvement Roadmap details ongoing steps for refining and rigorously testing the indicators, to ensure the validity and feasibility of collection in routine systems (Civil Registration and Vital Statistics (CRVS), Health Management Information Systems (HMIS) and, where appropriate, household surveys). This Measurement Improvement Roadmap is being developed with wide consultation including at a WHO meeting of 50 experts held in December

2014 (22), and a series of consultation sessions throughout 2015. Peer reviewed papers will provide the technical background, initially for the coverage indicators with the greatest gaps and then for the other indicators (23).

### Leadership from the highest burden regions to improve and use the data

To enable national technical leadership for data collection and use, the improvement work towards these indicators, will initially be nested in academic Centres of Excellence in three high burden countries (Bangladesh, Ghana and Tanzania). The INDEPTH network Maternal Newborn Interest Group, coordinated from Makerere University (Uganda) and working in more than 10 countries, will lead the testing of questions and improved tools for counting births and deaths around the time of birth, including improved cause of death and birth weight/gestational age assessments. The WHO Collaborating Centre at the All India Institute of Medical Sciences will lead on defining databases and feasible approaches for follow up of at risk newborns, to track and minimize disabilities.

More information on ENAP Metrics at [www.everynewborn.org](http://www.everynewborn.org)

# Looking Ahead

## Quality improvement for maternal and newborn health – a new initiative

Despite rapid increases in the number of women who give birth in a health facility in many countries, a high proportion of avoidable maternal and neonatal mortality and morbidity, as well as stillbirths, are still occurring and poor quality of care is an important reason. In response to ENAP and EPMM, WHO and UNICEF are spearheading an initiative for quality improvement in maternal and newborn health services that is based on standards of care. Following a consultation hosted by WHO in April 2014, a small expert group will convene in Geneva in June 2015 to work on determining standards for quality improvement.

In addition, new insights on the variation of challenges between differing health system contexts and, importantly, between different interventions, are being gained through analyses from 12 countries regarding challenges that health systems face in scaling up quality of maternal and newborn care. For example, the scale-up of Kangaroo Mother Care is particularly affected by leadership and community ownership, and the level of challenge is considered lower in Africa than in South Asian countries in the analysis. A series of nine papers will shortly be published in the journal *BMC Pregnancy and Childbirth*, involving over 50 authors from all over the world.

## New guidelines and tools

Upcoming guidelines to be released by WHO in 2015 address care during pregnancy, including management of preterm labour that includes the use of antenatal corticosteroids and preterm infant care including Kangaroo Mother Care. Additionally, WHO is synthesizing the evidence and developing guidelines to be released in 2015 on simplified antibiotic treatment for possible severe bacterial infections in newborns which will strengthen the interplay between community health workers who can be effective agents in identifying and ensuring timely referral of infants aged 0 – 59 days with signs of severe illness, and primary level health care workers who will be able to provide treatment when referral is not possible. Work is in progress on tools to prevent disrespect and abuse of women and newborns in facilities, as well as on overcoming the social, economic and professional barriers that can prevent midwifery personnel from providing quality care to women and newborns. The Midwifery Educator Core Competencies, released in 2013, have been widely disseminated for strengthening the ability and capacity of midwifery teachers.

In 2014, WHO published recommendations on community mobilization through facilitated participatory learning and action cycles with women's groups for improved maternal and newborn health, particularly in rural settings with low access to health services. Key partners including Women and Children First and UCL as well as H4+ agencies are developing a module on community mobilization with women's group as part of the WHO and UNICEF package *Care of the Newborn and Child in the Community*.

## Global Maternal Newborn Health Conference, Mexico, October 2015

The first Global Maternal Newborn Health Conference will be held in Mexico in October 2015. This technical meeting will focus on accelerating progress towards effective and sustainable coverage of maternal and newborn interventions at scale. The aim is to provide a forum for identifying, understanding and responding to the most urgent health needs of mothers and newborns, focusing on quality care, integration and equity. The conference will advance the technical knowledge of maternal and newborn health issues; showcase innovative and effective solutions to improving maternal and newborn health; consider successes and challenges of scaling up quality, integrated and equitable maternal and newborn health programmes; and accelerate momentum for maternal and newborn health within the post-2015 development framework. More details can be found at [www.globalmnh2015.org](http://www.globalmnh2015.org).

## A Promise Renewed: Acting on the Call to End Preventable Child and Maternal Death, India, 2015

The global Call to Action and Acting on the Call meetings were hosted by the Governments of India, Ethiopia and the United States in Washington D.C. in 2012 and 2014. The Government of India will host a third meeting, *A Promise Renewed: Acting on the Call*, later this year (27–28 August 2015). In an Indo-US Joint Statement released during the US President's visit to India in January 2015, President Obama and Prime Minister Modi agreed to accelerate joint leadership of the global Call to Action to end preventable deaths among mothers and children through this third meeting of the 24 participating countries. As host, India will showcase the power of new partnerships, innovations and systems to more effectively deliver life-saving interventions. The purpose of the meeting is to take stock of progress being made by countries to end preventable newborn, child and maternal deaths and to share best practices.



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## Footnotes for the Report to the 68th World Health Assembly

- 1 Respectively, documents A68/13, Monitoring the achievement of the health-related Millennium Development Goals, and this report, section I.
- 2 UNICEF, Every newborn action plan progress report 2015 ([www.everynewborn.org](http://www.everynewborn.org)).
- 3 Examples include China, Ethiopia, Ghana, India, Nigeria, Pakistan, Rwanda, South Africa, Uganda and United Republic of Tanzania.
- 4 In sub-Saharan Africa, Latin America and the Caribbean, South-East Asia, the Eastern Mediterranean and the Western Pacific. See also [www.everynewborn.org](http://www.everynewborn.org) for links to information on progress (accessed 1 April 2015).
- 5 The Partnership for Maternal, Newborn and Child Health. Essential interventions, commodities and guidelines for reproductive, maternal, newborn and child health: a global review of the key interventions related to reproductive, maternal, newborn and child health. Geneva: World Health Organization; 2011 (available in English at [http://www.who.int/pmnch/topics/part\\_publications/essential\\_interventions\\_18\\_01\\_2012.pdf](http://www.who.int/pmnch/topics/part_publications/essential_interventions_18_01_2012.pdf), accessed 9 April 2015).
- 6 See document A68/13.
- 7 <http://www.everynewborn.org/contact/> (accessed 1 April 2015).
- 8 See <http://www.everynewborn.org/every-newborn-event-summary-enap-metrics-meeting/> (accessed 1 April 2015).
- 9 See EB137/4 on newborn health: draft accountability framework.
- 10 Human Rights Council resolutions 22/32 and 24/11.
- 11 For more information on the 2014 Partners' Forum, see: <http://www.who.int/pmnch/about/governance/partnersforum/pf2014/en/> (accessed 30 March 2015).

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## For more information:

Every Newborn [www.everynewborn.org](http://www.everynewborn.org)

Healthy Newborn Network [www.healthynewbornnetwork.org](http://www.healthynewbornnetwork.org)

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